

## EXHIBIT 100

1 UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION

4 - - -

5 IN RE: NATIONAL PRESCRIPTION  
6 OPIATE LITIGATION

Case No.  
1:17-MD-2804

8 APPLIES TO ALL CASES

Hon. Dan A.  
Polster

9  
10 Case No. 1:17-MD-2804

11 - - -

12 March 21, 2019

13 - - -

14 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
15 CONFIDENTIALITY REVIEW

16 Videotaped deposition of PAUL  
17 CAMPANELLI, held at 250 West 55th Street,  
18 New York, New York, commencing at 9:10 a.m.,  
19 on the above date, before Marie Foley, a  
20 Registered Merit Reporter, Certified  
21 Realtime Reporter and Notary Public.

22 GOLKOW LITIGATION SERVICES

23 877.370.3377 ph | 917.591.5672 fax

24 Deps@golkow.com

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1 Q. In the middle we have oxycodone,  
2 right?  
3 A. Yes.  
4 Q. And to the far right we have  
5 oxymorphone?  
6 A. Yes.  
7 Q. Okay. And do you have the  
8 knowledge, sir, that in fact Qualitest was  
9 in the business of making, selling and  
10 distributing hydrocodone opioid products?  
11 MR. STERN: Objection; lack of  
12 foundation. Objection to the form.  
13 BY MR. BUCHANAN:  
14 Q. You can answer.  
15 A. I'm aware that Qualitest  
16 manufactured hydrocodone.  
17 Q. Okay. And we talk hydrocodone  
18 products, we're talking about  
19 hydrocodone/APAP, that's that Vicodin  
20 tablet, right? Or the brand?  
21 A. That's my understanding. Okay.  
22 Q. And we go to the middle column  
23 here and we see oxycodone again and we  
24 have oxycodone APAP at the bottom.

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1 I think you told us a few  
2 minutes ago oxycodone APAP would be the  
3 Endo-branded product Percocet, right?  
4 A. Correct.  
5 Q. And then we have other oxycodone  
6 tablets which if they were ER would be  
7 OxyContin, right?  
8 A. If they were ER.  
9 Q. And if you just sold them plain,  
10 it would just be OxyContin, right?  
11 MR. STERN: Objection to the  
12 form.  
13 BY MR. BUCHANAN:  
14 Q. IR?  
15 A. IR here is an immediate release  
16 product.  
17 Q. Thank you.  
18 Then on the right we have  
19 oxymorphone, that's the active ingredient  
20 in that drug that you marketed under the  
21 brand name Opana, correct?  
22 MR. STERN: Objection to the  
23 form.  
24 A. Oxymorphone here is a generic

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1 version of Opana IR.  
2 Q. And we're already using terms  
3 that may not be clear. I guess IR is  
4 immediate release?  
5 A. Correct.  
6 Q. ER is extended-release?  
7 A. Correct.  
8 Q. Okay. So when we talk about  
9 oxycodone ER, which I think you said was  
10 OxyContin, that's oxycodone  
11 extended-release, right?  
12 A. Yes.  
13 Q. If you're talking oxycodone IR,  
14 that's the active ingredient in OxyContin  
15 but for immediate-release?  
16 A. Yes.  
17 Q. Thank you. All right.  
18 Let's go forward to the next  
19 one. Some Par products.  
20 Can we pass over, please,  
21 Exhibit 204?  
22 (Campanelli Exhibit 204,  
23 document, was marked for  
24 identification, as of this date.)

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1 BY MR. BUCHANAN:  
2 Q. I think you told us, sir, that  
3 you were the CEO of Par from 2012 to 2015,  
4 correct?  
5 A. Correct.  
6 Q. And you worked there, I think,  
7 from, what, 2000 to 2012 in various roles  
8 as you escalated through the management  
9 ranks, right?  
10 A. Yes, from 2001 through 2015.  
11 Q. Okay. Let's just kind of get in  
12 context, if you will, where Par was in the  
13 mix, okay.  
14 Par made fentanyl products,  
15 right?  
16 A. No.  
17 Q. No, sir?  
18 A. No.  
19 Q. We have shipping records that  
20 reflect that you were selling fentanyl.  
21 A. Par sold fentanyl.  
22 Q. Fair enough.  
23 So the fuss or the disagreement  
24 was "make" versus "sold"?

<p style="text-align: right;">Page 62</p> <p>1 MR. STERN: Objection to the</p> <p>2 form.</p> <p>3 A. Correct.</p> <p>4 Q. And help me out, sir.</p> <p>5 You didn't make, but you</p> <p>6 acquired it?</p> <p>7 A. Correct.</p> <p>8 Q. And then sold it?</p> <p>9 A. Yes.</p> <p>10 Q. Does that mean you had a</p> <p>11 contract manufacturer?</p> <p>12 A. Yes.</p> <p>13 Q. For each of these columns here</p> <p>14 in the chart, and I probably should have</p> <p>15 oriented us a little bit, these are Par</p> <p>16 opioid drugs as we've identified from, if</p> <p>17 you will, the order records that Par has</p> <p>18 provided to us.</p> <p>19 Fair?</p> <p>20 MR. STERN: Objection to the</p> <p>21 form.</p> <p>22 BY MR. BUCHANAN:</p> <p>23 Q. I'll tell you that. That's my</p> <p>24 representation.</p>	<p style="text-align: right;">Page 64</p> <p>1 form.</p> <p>2 A. Par manufactured and sold</p> <p>3 Morphine.</p> <p>4 Q. You did, okay.</p> <p>5 Let's look at oxycodone ER, sir.</p> <p>6 That would be the OxyContin,</p> <p>7 right?</p> <p>8 A. Yes.</p> <p>9 Q. So, Par, did they manufacture</p> <p>10 and sell generic OxyContin?</p> <p>11 A. No. Par sold.</p> <p>12 Q. Okay. And with regard to</p> <p>13 hydrocodone, looks like you sold some</p> <p>14 liquids. That would be the active</p> <p>15 ingredient in Vicodin hydrocodone, right?</p> <p>16 MR. STERN: Objection to the</p> <p>17 form.</p> <p>18 MR. BUCHANAN: I'll withdraw.</p> <p>19 BY MR. BUCHANAN:</p> <p>20 Q. Hydrocodone, that's the active</p> <p>21 ingredient in Vicodin?</p> <p>22 A. Correct.</p> <p>23 Q. And you sold hydrocodone</p> <p>24 liquids, fair?</p>
<p style="text-align: right;">Page 63</p> <p>1 Do you recollect, sir, selling</p> <p>2 fentanyl-containing products while at Par?</p> <p>3 MR. STERN: Objection to the</p> <p>4 form.</p> <p>5 A. Par sold two forms of fentanyl</p> <p>6 products.</p> <p>7 Q. Okay. They sold fentanyl</p> <p>8 citrate?</p> <p>9 A. Yes.</p> <p>10 Q. And that's the lozenge or</p> <p>11 lollipop?</p> <p>12 A. Correct.</p> <p>13 Q. You also sold fentanyl patch?</p> <p>14 A. We sold fentanyl patch for a</p> <p>15 period of time.</p> <p>16 Q. Okay. You also sold Morphine,</p> <p>17 right?</p> <p>18 MR. STERN: Objection to the</p> <p>19 form.</p> <p>20 A. We sold Morphine.</p> <p>21 Q. Okay. Same qualification that</p> <p>22 you provided with regard to fentanyl, sir.</p> <p>23 That you sold it but didn't make it?</p> <p>24 MR. STERN: Objection to the</p>	<p style="text-align: right;">Page 65</p> <p>1 MR. STERN: Objection to the</p> <p>2 form.</p> <p>3 A. Par sold, did not manufacture,</p> <p>4 Tussionex.</p> <p>5 Q. Okay. And, certainly you were</p> <p>6 kind of boots on the ground, so to speak,</p> <p>7 or maybe not on the ground, but you were</p> <p>8 at Par between 2010 and 2015 when these</p> <p>9 products were either being made and sold</p> <p>10 or sold by Par.</p> <p>11 Fair?</p> <p>12 A. Fair.</p> <p>13 Q. Okay. You have recollection</p> <p>14 that those were, in fact, active products</p> <p>15 in the Par portfolio eligible for</p> <p>16 purchase.</p> <p>17 Fair?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. You can set that aside.</p> <p>20 MR. BUCHANAN: You can take that</p> <p>21 down, Corey. Thank you.</p> <p>22 BY MR. BUCHANAN:</p> <p>23 Q. We're doing pretty good on</p> <p>24 agreeing with one another on the various</p>

<p style="text-align: right;">Page 66</p> <p>1 facts, sir. I imagine we'll have some 2 fuss at some point today, but I want to 3 see if there's an area where we agree 4 there's no fuss. 5 No dispute, sir, that there is 6 an opioid epidemic in the country today. 7 Fair? 8 MR. STERN: Objection to the 9 form. 10 A. There's no dispute that there's 11 an opioid abuse epidemic. 12 Q. You're qualifying it with the 13 word "abuse"? 14 A. Correct. 15 Q. I see. 16 When did you become aware that 17 there was an opioid epidemic of any form, 18 sir? 19 MR. STERN: Objection to the 20 form. 21 A. Where it resonated was in the 22 2015 time frame. 23 Q. Okay. 24 MR. BUCHANAN: Can I have</p>	<p style="text-align: right;">Page 68</p> <p>1 we get them in the record the right 2 way. 3 MR. BUCHANAN: The witness's are 4 marked. 5 MR. STERN: They are, okay. 6 MR. BUCHANAN: We have an 7 exhibit tab in the corner, hopefully 8 if we've passed you the right binder, 9 sir. 10 MR. STERN: Yep. Thank you. 11 (Pause.) 12 BY MR. BUCHANAN: 13 Q. Sir, before you is -- 14 MR. STERN: I'm sorry, 15 Mr. Buchanan. Can we straighten 16 out -- we can go off the record for a 17 minute? It will be my time. I just 18 want to straighten out the binders. 19 MR. BUCHANAN: That's fine. 20 THE VIDEOGRAPHER: All right. 21 The time is 9:47 a.m. 22 Off the record. 23 (Discussion held off the 24 record.)</p>
<p style="text-align: right;">Page 67</p> <p>1 Exhibit 1? 2 (Campanelli Exhibit 1, document, 3 was marked for identification, as of 4 this date.) 5 BY MR. BUCHANAN: 6 Q. To make this, I guess, easy 7 today, hopefully. We'll see if it works. 8 We've got a good portion of the day's 9 exhibits in a binder before you. We've 10 got a copy for your counsel. 11 MR. BUCHANAN: Here you are 12 (handing). There you go. 13 Q. The tab is the exhibit number. 14 So when I say go to Exhibit 1, please, you 15 can just go to Tab 1. Okay. 16 I will reference additional 17 numbers today. That's more for my tech 18 down the end of the table so he can put 19 them up on the screen for our benefit. 20 MR. STERN: Mr. Buchanan, excuse 21 me. These will be marked. There's no 22 exhibit stickers on mine. They're 23 going to be -- we can deal with this 24 on a break. We just need to make sure</p>	<p style="text-align: right;">Page 69</p> <p>1 THE VIDEOGRAPHER: Okay. The 2 time is 9:47 a.m. 3 Back on the record. 4 BY MR. BUCHANAN: 5 Q. Sir, do you have before you the 6 binder that we passed you with exhibits 7 for today? 8 A. Yes. 9 Q. Okay. If you turn to Tab 1, 10 that should be Exhibit 1 for today's 11 deposition. There should be a notation on 12 the bottom right corner. 13 A. Okay. 14 MR. BUCHANAN: I'm going to ask 15 my tech, please, to pull up 1888, 16 E1888, for those viewing this. 17 Q. Sir, in 2011, the CDC declared 18 an epidemic, right? 19 A. I'm not sure that's what this is 20 saying. 21 Q. Well, before you, sir, we have 22 the November 2011 CDC Vital Signs Alert, 23 correct? 24 A. Correct.</p>

<p style="text-align: right;">Page 70</p> <p>1 Q. It says: Prescription painkiller 2 overdoses in the U.S. 3 Do you see that? 4 A. Yes. 5 Q. Let's look at the first 6 sentence. 7 Could you read that into the 8 record, sir? 9 A. (Reading) Deaths from 10 prescription painkillers - with an 11 asterisk - have reach epidemic levels in 12 the past decade. 13 Q. Okay. Let's pause on that. 14 In 2011, the CDC declared a 15 prescription painkiller death overdose 16 epidemic. 17 Correct? 18 MR. STERN: Objection to the 19 form. 20 A. That's what it says. 21 Q. And we see what prescription 22 painkillers are being referred to, 23 correct? 24 A. I see that.</p>	<p style="text-align: right;">Page 72</p> <p>1 form. 2 A. Not all made. 3 Q. Sold, sir. 4 A. Yes. 5 Q. Okay. I understand that as a 6 matter of the way you have chosen to do 7 business at various points in time, you 8 being a royal you, sometimes you contract 9 out manufacturing, correct? 10 A. Correct. 11 MR. STERN: Objection to the 12 form. 13 BY MR. BUCHANAN: 14 Q. Nonetheless, you marketed and 15 sold, you being Qualitest, Par and Endo, 16 hydrocodone-containing products, correct? 17 MR. STERN: Objection to the 18 form. 19 A. We sold. 20 Q. Okay. So as it relates to the 21 first category, Vicodin, in parens 22 hydrocodone, we can agree that Par, Endo 23 and Qualitest all made 24 hydrocodone-containing products, correct?</p>
<p style="text-align: right;">Page 71</p> <p>1 Q. There's a footnote at the bottom 2 it says: Prescription painkillers refers 3 to opioid or narcotic pain relievers, 4 including drugs such as Vicodin - in 5 parentheses - hydrocodone. 6 You see that? 7 A. I see it. 8 Q. Each of the three entities' 9 drugs that we looked at included 10 hydrocodone products. 11 Fair? 12 MR. STERN: Object to the form. 13 A. I see the products listed. 14 Q. We looked at drug charts just a 15 moment ago, sir. I think it was 202, 203, 16 204. 17 You recall that? 18 A. I recall. 19 Q. Each of the products -- excuse 20 me. Each of the charts reflect drug 21 products made by Endo, Par and Qualitest 22 with the active ingredient hydrocodone, 23 correct? 24 MR. STERN: Objection to the</p>	<p style="text-align: right;">Page 73</p> <p>1 A. We sold these products 2 containing these actives. 3 Q. We can agree, sir, that Par, 4 Endo and Qualitest also sold 5 oxycodone-containing products, correct? 6 MR. STERN: Objection to the 7 form. 8 A. The company sold 9 oxycodone-containing products. 10 Q. Okay. And with regard to 11 oxycodone-containing products, not just 12 any oxycodone products. The company also 13 sold generic OxyContin. 14 Correct? 15 MR. STERN: Objection to the 16 form. 17 A. Par sold OxyContin 18 extended-release generics. 19 Q. And for a period of time, Endo 20 did as well, correct? 21 MR. STERN: Objection to the 22 form. 23 A. Endo sold immediate-release 24 OxyContin.</p>

<p style="text-align: right;">Page 110</p> <p>1 As the CEO, this is something 2 that may or may not get to my level. 3 That's may -- that may be what's going on 4 here, sir. 5 Q. Well, we could agree, sir, that 6 at least within Endo, Endo had the 7 awareness in 2011 -- 8 A. We can agree that -- 9 Q. Let me just finish my question 10 first. 11 We can agree, sir, that at least 12 within Endo, Endo had the knowledge of the 13 direct correlation between unintentional 14 overdose deaths and sales of prescription 15 opioids as reflected on this chart, 16 correct, sir? 17 A. What we can agree is that Endo 18 had the knowledge and at the professional 19 level, if we're going back to the e-mail, 20 the communication of where this material 21 went, is you can see it did not go to a 22 CEO level at Endo. It's quite possible 23 that Par had the same knowledge and also 24 would not have gone to the CEO level.</p>	<p style="text-align: right;">Page 112</p> <p>1 2016. 2 Do you see that? 3 A. I do. 4 MR. BUCHANAN: Let's go to 5 dot-4, Corey. 6 Actually, let's just pull up 7 slide 44, Corey. And we'll just mark 8 this. 9 You can look at the full 10 document, sir. At any point when I 11 show you a slide today that's based on 12 an exhibit, feel free to look at the 13 full. 14 THE WITNESS: Okay. 15 MR. STERN: I'm sorry, 16 Mr. Buchanan. I don't have a 44. 17 MR. BUCHANAN: It's being passed 18 over to you. 19 MR. STERN: Thank you. 20 MR. BUCHANAN: I wasn't sure we 21 were going to need to use it. 22 What exhibit number? 23 This is Exhibit 205, a 24 demonstrative aid, sir.</p>
<p style="text-align: right;">Page 111</p> <p>1 Q. It's still an epidemic today, 2 right? 3 MR. STERN: Object to the form. 4 A. We have an opioid abuse crisis. 5 Q. I mean, the CDC did not stop 6 writing about this in 2011, right, sir? 7 A. I'm sure they did not. 8 Q. Okay. You've seen the 2016 CDC 9 guidelines? 10 A. Where am I -- 11 Q. Have you seen the 2016 CDC 12 guidelines, sir? 13 A. No, I have not. 14 Q. Could you go, please, to 15 Exhibit 2. 16 (Campanelli Exhibit 2, document, 17 was marked for identification, as of 18 this date.) 19 MR. BUCHANAN: Corey, could you 20 pull up E729? 21 BY MR. BUCHANAN: 22 Q. Sir, let's go to the first page, 23 dot-1. CDC guideline for prescribing 24 opioids for chronic pain. United States</p>	<p style="text-align: right;">Page 113</p> <p>1 (Campanelli Exhibit 205, 2 document, was marked for 3 identification, as of this date.) 4 BY MR. BUCHANAN: 5 Q. You are free, of course, to look 6 at the page, which is dot-4, or you're 7 free to look at the demonstrative that's 8 on the screen. 9 MR. STERN: Just to be clear, 10 Mr. Buchanan, for the record, what's 11 Exhibit 205, the demonstrative is not 12 the same thing as dot-4. You just 13 said he can look at the screen or he 14 can look at -- 15 MR. BUCHANAN: It is. It is. 16 MR. STERN: What? I may be on 17 the wrong 44. 18 MR. BUCHANAN: I'm sorry. 19 You know what, let's clarify. 20 MR. STERN: Should we hold on to 21 these? 22 (Pause.) 23 MR. BUCHANAN: I'm not clear on 24 the confusion, sir.</p>



<p style="text-align: right;">Page 114</p> <p>1 MR. STERN: Your representation 2 made it seem as though, and maybe I 3 misunderstood you, that dot-4 of 4 Exhibit 2 was the same document as 5 205. 6 So here's dot-4 and here's 205 7 (indicating). 8 MR. BUCHANAN: Let me see. 9 MR. STERN: These may be 10 excerpts. 11 MR. BUCHANAN: No. To be clear, 12 in the top right corner it says E729 13 of the -- 14 MR. STERN: Right. 15 MR. BUCHANAN: Okay. E729, sir, 16 is the source of the quotes that are 17 on the slide. 18 MR. STERN: The source. I'm 19 sorry. 20 I just want the record to be 21 clear that what is portrayed on 205 is 22 the not same thing as the text of 23 dot-4. 24 MR. BUCHANAN: That's fine. I</p>	<p style="text-align: right;">Page 116</p> <p>1 sir. 2 Are you familiar that the CDC 3 issued guidelines concerning the 4 prescription of opioids for chronic pain 5 in 2016? 6 A. Not specifically. 7 Q. Okay. In their prescribing 8 guidelines, sir, they describe the 9 epidemic. 10 You see that on page dot-4 of 11 Exhibit 2? 12 A. This sheet, sir (indicating)? 13 Where am I looking? Am I 14 looking at this sheet? 15 Q. You can look at either. 16 A. I see these words. I assume 17 that they're in the same. 18 Q. (Reading) From 1999 to 2014, 19 more than 165,000 people -- persons died 20 from overdose related to opioid pain 21 medications in the United States. 22 Do you see that, sir? 23 A. I see that. 24 Q. That's alarming, right?</p>
<p style="text-align: right;">Page 115</p> <p>1 accept that, sir. The text is as 2 reflected -- 3 MR. STERN: In here. 4 MR. BUCHANAN: Yes. 5 For simplicity for the witness 6 on a dense page, we prepared these. 7 BY MR. BUCHANAN: 8 Q. Sir, you are free to refer to 9 E729.4, which is the hard copy of the 10 document. 11 MR. STERN: May I have a moment, 12 Mr. Buchanan, just to explain to Mr. 13 Campanelli. 14 So, this dot-4 refers to that 15 dot-4. 16 THE WITNESS: Got it. 17 MR. STERN: And these are 18 purported to be excerpts of this page. 19 This is the preceding page, the dot-3. 20 THE WITNESS: Okay. 21 BY MR. BUCHANAN: 22 Q. With that confusion hopefully 23 clarified either some by me or others, I'm 24 not sure, but I am ready to go if you are,</p>	<p style="text-align: right;">Page 117</p> <p>1 A. Yes. 2 Q. That is not good. 3 MR. STERN: Objection to the 4 form. 5 BY MR. BUCHANAN: 6 Q. Fair? 7 A. Fair. Very bad. 8 Q. We saw, sir, a moment ago the 9 direct correlation between sales and 10 deaths. 11 Do you recall that? 12 A. I saw the sales going up and I 13 saw the increase in deaths, yes. 14 Q. As the executive of a 15 pharmaceutical company looking at a 16 situation, sir, did you assess the role 17 that your sales played in escalating 18 opioid deaths over the years? 19 MR. STERN: Objection to the 20 form. 21 A. I did not assess my sales with 22 the opioid deaths. 23 We did take actions to stop 24 selling product.</p>



<p style="text-align: right;">Page 118</p> <p>1 Q. Okay. So then would it be fair          2 to say, sir, that you recognized that your          3 sale of opioid products was leading to          4 over -- overdose deaths?          5 MR. STERN: Objection to the          6 form; lack of foundation.          7 A. We were aware in 2016 when the          8 product was abused or misused it would          9 lead or could lead to deaths.          10 Q. Okay. We'll talk about that in          11 greater detail a little later.          12 A. Okay.          13 Q. (Reading) In the past decade -          14 according to the CDC - while the death          15 rates for the top leading causes of death,          16 such as heart disease and cancer, have          17 decreased substantially, the death rate          18 associated with opioid pain medications          19 has increased markedly. Sales of opioid          20 pain medication have increased in parallel          21 with opioid-related overdose deaths.          22 Do you see that, sir?          23 A. I see that.          24 Q. That's the point we were talking</p>	<p style="text-align: right;">Page 120</p> <p>1 cancer, have decreased substantially, the          2 death rate associated with opioid pain          3 medication has increased markedly. Sales          4 of opioid pain medication have increased          5 in parallel with opioid-related overdose          6 deaths.          7 Did I read that correctly, sir?          8 A. Yes.          9 Q. Okay. That's that point we were          10 talking about a moment ago, sir, that          11 direct correlation between increasing          12 sales and increasing prescription overdose          13 opioid deaths, correct?          14 A. I see the parallel.          15 Q. (Reading) In 2013 - the CDC          16 continues - on the basis of DSM-IV          17 diagnosis criteria, an estimated 1.9          18 million persons abused or were dependent          19 on prescription opioid pain medications.          20 Do you see that, sir?          21 A. I do.          22 Q. That's not good.          23 MR. STERN: Object to the form.          24</p>
<p style="text-align: right;">Page 119</p> <p>1 about?          2 MR. STERN: Mr. Buchanan, I          3 apologize. Can you, as you're doing          4 this, it's totally fine, I understand          5 what you're doing. Can you at least          6 give us -- tell us where these          7 excerpts are appearing on the page?          8 MR. BUCHANAN: I'm happy to have          9 somebody try and highlight this as we          10 proceed. I'd rather continue with my          11 examination in the form that I'm          12 doing.          13 MR. STERN: Okay. Well, then          14 hold on just one moment so I can          15 orient myself.          16 (Pause.)          17 MR. STERN: Thank you.          18 BY MR. BUCHANAN:          19 Q. And just before counsel's          20 question or interruption, I want to get          21 back to my question.          22 That was: In the past decade,          23 while the death rates for the top leading          24 causes of death, such as heart decease and</p>	<p style="text-align: right;">Page 121</p> <p>1 BY MR. BUCHANAN:          2 Q. Do you agree?          3 A. Is that a question?          4 Q. It is.          5 A. I'm sorry. Could you ask it          6 again?          7 Q. Do you agree, sir, that that's          8 not good?          9 MR. STERN: Object to the form.          10 A. 1.9 million persons abuse is not          11 good.          12 Q. Does it surprise you, sir, that          13 that abuse and dependence is having real          14 consequences on communities in this          15 country?          16 MR. STERN: Object to the form.          17 A. I'm aware of the impact in the          18 communities.          19 Q. You're aware of the billions and          20 billions of dollars of financial impact,          21 human toll, loss of life, disruption to          22 family --          23 MR. STERN: Objection.          24 Q. -- that is being suffered in the</p>

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1 communities in this country.  
2 True?  
3 MR. STERN: Objection to form;  
4 lack of foundation.  
5 A. I'm certainly -- I'm not aware  
6 of the dollar amount you just indicated,  
7 but clearly I am aware and sympathetic to  
8 the families in the communities all around  
9 the United States.  
10 Q. That awareness, sir, you  
11 reached, it took four years, four years  
12 for you, sir, as a pharmaceutical  
13 executive, CEO of a company, to even  
14 become aware of the existence of a  
15 problem?  
16 MR. STERN: Objection to the  
17 form and mischaracterizing --  
18 BY MR. BUCHANAN:  
19 Q. Following the CDC announcement  
20 in 2011?  
21 MR. STERN: Objection to the  
22 form and mischaracterizing the  
23 witness's testimony.  
24 A. As I said before, in 2015, the

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1 2015 time frame, it started to resonate  
2 with me.  
3 Q. Would it surprise you, sir, if  
4 this had resonated with people, with  
5 families, with government agencies, with  
6 the CDC in a massive human toll all around  
7 you for years and years before 2015?  
8 MR. STERN: Objection to the  
9 form; lack of foundation.  
10 A. Can you -- can you rephrase that  
11 for me so I understand it better?  
12 Q. I'm saying, sir, would it  
13 surprise you, there's 165,000 overdose  
14 deaths secondary to prescription pain  
15 medication between 1999 and 2014 and  
16 you're saying, sir, that did not resonate  
17 with you until 2015?  
18 MR. STERN: Objection to the  
19 form.  
20 A. I was aware of an issue in terms  
21 of the use of it being an epidemic abuse  
22 issue, that did not resonate with me until  
23 2015. In my role, again, I was aware of  
24 orders that would come in to our office

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1 and we would process in normal course  
2 based upon wholesaler use. That's what we  
3 were doing.  
4 Q. By definition, sir, as the  
5 company selling controlled substances, you  
6 know those substances, people want to get  
7 them out of that controlled system, right?  
8 MR. STERN: Object to the form.  
9 A. We have systems and procedures  
10 to protect against that.  
11 Q. They are products that are  
12 targets for abuse and diversion, right?  
13 MR. STERN: Object to the form;  
14 lack of foundation.  
15 A. They could be. And that's why  
16 we have systems and procedures and safes  
17 and security cameras to help curb that.  
18 Q. 165,000 people in 15 years died  
19 from these pain medications in the United  
20 States.  
21 You see that?  
22 MR. STERN: Object to the form.  
23 A. I see it.  
24 Q. The estimate was in 2011 some

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1 400,000 treatment admissions every year  
2 for opioid-related treatment secondary to  
3 addiction or dependence.  
4 You recall that?  
5 A. No. I'm not following the  
6 question, sir.  
7 Q. Do you recall in the 2011 sheet,  
8 sir, 400,000 or so admissions for  
9 treatment?  
10 A. Okay. I recall that.  
11 Q. Does it surprise you, sir, that  
12 there is a vast human toll that goes back  
13 not just to 2015, 10, 15, 17, 18 years  
14 since you were marketing and promoting  
15 these drugs?  
16 MR. STERN: Objection to the  
17 form.  
18 A. As I sit here today, I clearly  
19 understand it. It's a terrible situation.  
20 We also have a duty and a responsibility  
21 that there's millions of people that need  
22 these drugs as well.  
23 It's a terrible situation on the  
24 deaths. I admit to that. And for that a

<p style="text-align: right;">Page 126</p> <p>1 lot of people feel terrible, including 2 myself. 3 Q. How many hundreds of people did 4 Par have working at in 2012, 2013, 2014? 5 A. I'm sorry? 6 Q. How many hundreds of people did 7 Par have working at it in 2012, '13, '14? 8 A. Probably about a thousand. 9 Q. Not one of a thousand people, 10 sir, in that entity brought the epidemic 11 to your desk and said "I've got real 12 concerns about what we're doing here"? 13 A. As I sit here today, I don't 14 recall. I'm not saying it didn't happen, 15 but I don't -- I don't recall that 16 happening. 17 MR. BUCHANAN: I suggest we take 18 a short break. 19 MR. STERN: Sure. 20 THE VIDEOGRAPHER: Remove your 21 microphones, please. 22 The time is 10:38 a.m. 23 Off the record. 24 (Recess taken.)</p>	<p style="text-align: right;">Page 128</p> <p>1 Opana and Percocet. That I do know. 2 Q. Okay. Two big brands for the 3 company? 4 A. Two brands, yes. 5 Q. Okay. Let's -- let's kind of 6 talk about what that means in terms of 7 sales. 8 MR. BUCHANAN: I'm sorry. Can 9 we go off the record for a moment? 10 THE VIDEOGRAPHER: The time is 11 10:55 a.m. 12 Going off the record. 13 (Recess taken.) 14 (Campanelli Exhibit 206, 15 document, was marked for 16 identification, as of this date.) 17 THE VIDEOGRAPHER: We are back 18 on the record. 19 The time is 11:03 a.m. 20 BY MR. BUCHANAN: 21 Q. Sir, passing you what we've 22 marked as Exhibit 206. This is a chart of 23 Endo's various products over the years and 24 sales volume in pills, or extended units.</p>
<p style="text-align: right;">Page 127</p> <p>1 THE VIDEOGRAPHER: We are back 2 on record. 3 The time is 10:53 a.m. 4 BY MR. BUCHANAN: 5 Q. Sir, I'd like to circle back to 6 where we were finishing. We were talking 7 about kind of where we were, so to speak, 8 in the last several years with regard to 9 this epidemic. 10 I want to kind of see where your 11 products kind of fit into the mix, if 12 that's okay. 13 Do you still have Exhibit 202? 14 You remember that pill chart we were 15 looking at? 16 MR. BUCHANAN: Can you pull up 17 202, Corey? Slide 20. 18 BY MR. BUCHANAN: 19 Q. And these are the various 20 products that Endo has marketed and sold 21 over the years, correct, sir? 22 A. I -- I know that it's marketed 23 Opana. I'm not sure if it marketed or 24 pro -- I know it marketed and promoted</p>	<p style="text-align: right;">Page 129</p> <p>1 I'll represent to you, sir, that it's 2 generated from data that's been identified 3 to us by defense counsel, Endo's counsel, 4 in this litigation. 5 We can see -- 6 MR. BUCHANAN: If you go to the 7 far left column, please, Corey. 8 Q. We can see, if you will, various 9 products listings on the left and we can 10 see sales volume in extended units. 11 That's pills, or conversions for other 12 types of formulations, over the various 13 years. And we see going back to 1999 Endo 14 was making Endocet. 15 You see that, sir? 16 A. Yes. 17 Q. I think you told us, and we saw 18 in the prior exhibit, that Endocet was a 19 generic form of Percocet, right? 20 A. Correct. 21 Q. So, in 1999, Endo made some 160 22 million Endocet tablets, according to 23 shipment data and reflected on this chart, 24 correct, sir?</p>

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1 A. Yes.  
2 Q. We see Percocet, some hundred  
3 million or so tablets, 102, 101.  
4 You see that?  
5 A. Yes, I see it.  
6 Q. Okay.  
7 MR. BUCHANAN: And we can scroll  
8 it all the way to the right, maybe,  
9 Corey. If you can split the screen so  
10 we can kind of see where we were with  
11 the product listing on the left and  
12 the total pills that were sold on the  
13 right.  
14 There's a totals column, Corey.  
15 Can you just give us the totals?  
16 There we go. Great.  
17 Can you get them to the same  
18 scale, roughly, so we can line them  
19 up? And really all I need is the  
20 totals column, Corey.  
21 Thank you.  
22 There we go. And if you can  
23 mush them together so we can kind of  
24 see the products and see the totals.

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1 And they're a little off, I guess.  
2 There we go.  
3 BY MR. BUCHANAN:  
4 Q. So, you can see, sir, Endocet  
5 total sales of this Percocet generic  
6 formulation over the years roughly 4.2  
7 billion pills.  
8 You see that, sir?  
9 MR. STERN: Objection to the  
10 form.  
11 A. No. No, I don't see that.  
12 Q. If you go to the far right  
13 column total pills sold over the course of  
14 the period of time?  
15 A. You -- your question flipped on  
16 me, just so you know.  
17 Q. Fair enough. Sorry about that.  
18 Do you understand my question  
19 now to be referring to total sales of  
20 Endocet between the period of time they  
21 started selling it until they stopped  
22 would be about 4.2 billion Endocets?  
23 A. I think you need to clarify your  
24 question, sir.

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1 Q. And, what's confusing about it,  
2 or what's tripping us up?  
3 A. Are you saying sales or units,  
4 sir?  
5 Q. I'm sorry. Sales of those  
6 units.  
7 These are, in fact, the units  
8 that have been represented as sold to us.  
9 A. Okay.  
10 MR. STERN: Not dollars, is the  
11 point.  
12 MR. BUCHANAN: Fair.  
13 MR. STERN: Right.  
14 MR. BUCHANAN: Fair.  
15 BY MR. BUCHANAN:  
16 Q. And I'm -- you sold this volume  
17 of pills, sir?  
18 A. This sheet indicates that we've  
19 sold these unit -- extended units of these  
20 pills.  
21 Q. Fair enough. Thank you.  
22 Yeah, I did not mean to suggest  
23 that these are dollars. There's a legend  
24 at the top that I think reflects extended

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1 units. That's what we're talking about  
2 with these numbers.  
3 A. Okay.  
4 Q. Okay. And we're looking at just  
5 the Endo numbers in this chart, I'll  
6 represent to you, sir. Okay.  
7 MR. STERN: Objection to the  
8 form.  
9 BY MR. BUCHANAN:  
10 Q. So, we see roughly 4.2 billion  
11 Endocet units, that's pills, over the time  
12 that Endo provided us data from '99 to  
13 present, right?  
14 A. 4.2 billion extended units.  
15 Q. For Percocet we see, as the  
16 brand, Endo's brand, we see some 1.6  
17 billion extended units, correct?  
18 A. Correct.  
19 Q. All right. So, those two  
20 oxycodone acetaminophen combinations  
21 represent almost, what, 6 billion pills  
22 sold by Endo for that controlled  
23 substance.  
24 Is that right?

<p style="text-align: right;">Page 338</p> <p>1 have a date on the back.  2 It's 2003, okay.  3 Let's go to dot-3.  4 Just to orient ourselves, sir,  5 in 2003, you all were still supporting the  6 American Pain Foundation, right?  7 MR. STERN: Objection to the  8 form; lack of foundation.  9 A. From the document you showed me,  10 it appears that Endo supported.  11 Q. Okay. And on this page it says:  12 Know the facts.  13 Right?  14 A. Yes.  15 Q. Facts, with an exclamation  16 point, right?  17 A. Yes.  18 Q. It's got a few points, then it  19 says, again: Not all healthcare providers  20 know how to treat your pain.  21 Right?  22 A. That's what the words say.  23 Q. (Reading) If your health care  24 provider is unable to treat your pain</p>	<p style="text-align: right;">Page 340</p> <p>1 right?  2 MR. STERN: Objection to the  3 form of the question; lack of  4 foundation.  5 A. Again, I don't see the  6 opiophobia here.  7 Q. No, I -- this was the message  8 the company -- excuse me, the APF was  9 communicating with the company dollars to  10 consumers and health care providers,  11 right?  12 MR. STERN: Objection to the  13 form of the question; lack of  14 foundation.  15 A. They're communicating this point  16 as you're referencing.  17 Q. Okay.  18 (Reading) Pain medications  19 rarely cause addiction. Morphine and  20 similar pain medications called opioids  21 can be highly effective for certain  22 conditions. Unless you have a history of  23 substance abuse, there's little risk of  24 addiction.</p>
<p style="text-align: right;">Page 339</p> <p>1 effectively, ask him or her to refer to a  2 specialist. You may need to consider  3 changing providers.  4 You see that?  5 A. I see it.  6 Q. That is the recommendation in  7 the patient brochure that you all were  8 funding, you all being Endo?  9 MR. STERN: Objection to the  10 form; lack of foundation.  11 A. Again, I don't know any  12 underlying information that would have led  13 to that -- that -- that point.  14 Q. Okay. Next point says: Pain  15 medications rarely cause addiction.  16 Do you see that?  17 A. I see it.  18 Q. Looks like the one we looked at  19 a few minutes ago, right?  20 A. It was on the previous deck,  21 yes.  22 Q. Again, telling patients, telling  23 health care providers combating opiophobia  24 pain medications rarely cause addiction,</p>	<p style="text-align: right;">Page 341</p> <p>1 And it continues.  2 You see that?  3 A. Yes.  4 Q. That's not true.  5 MR. STERN: Objection to the  6 form; lack of foundation.  7 BY MR. BUCHANAN:  8 Q. Right, sir?  9 A. I don't know the answer to that.  10 Q. As a person sitting here, sir,  11 in 2019, president of a pharmaceutical  12 company, is it rare to --  13 MR. STERN: I'm sorry. I also  14 object because the entire sentence was  15 not read just now.  16 MR. BUCHANAN: You just  17 interrupted my question, counsel.  18 MR. STERN: I apologize.  19 MR. BUCHANAN: There's  20 opportunity for redirect, and I  21 certainly wouldn't objected to a  22 comment before, but now I'm in a  23 question.  24</p>



<p style="text-align: right;">Page 342</p> <p>1 BY MR. BUCHANAN:</p> <p>2 Q. As a person sitting here, sir,</p> <p>3 in 2019, president of a pharmaceutical</p> <p>4 company, are you surprised to see the</p> <p>5 addiction risk of opioid medications</p> <p>6 described as rare?</p> <p>7 MR. STERN: Objection; lack of</p> <p>8 foundation; mischaracterizes the</p> <p>9 document; and objection to form.</p> <p>10 A. As I sit here today, opioid</p> <p>11 abuse and misuse is not surprising to see</p> <p>12 that as addiction.</p> <p>13 As the products that contain</p> <p>14 opioids are prescribed for the indication</p> <p>15 and use with respect to the label and the</p> <p>16 indication, those drugs help millions of</p> <p>17 Americans relieve pain.</p> <p>18 Q. Sir, within the walls of Endo at</p> <p>19 this very point in time, the company was</p> <p>20 aware that the risk of addiction was</p> <p>21 anything but rare.</p> <p>22 Right?</p> <p>23 MR. STERN: Objection to the</p> <p>24 form.</p>	<p style="text-align: right;">Page 344</p> <p>1 of chronic pain.</p> <p>2 I'm sorry. Dot-2.</p> <p>3 A. I see it.</p> <p>4 MR. BUCHANAN: Corey, could you</p> <p>5 go to dot-3, please?</p> <p>6 BY MR. BUCHANAN:</p> <p>7 Q. It states: Estimates of</p> <p>8 addiction rates among patients with</p> <p>9 chronic non-cancer pain range from 3.2 to</p> <p>10 18.9 percent.</p> <p>11 Do you see that, sir?</p> <p>12 A. I see it.</p> <p>13 Q. High side of the range, one in</p> <p>14 five people?</p> <p>15 A. Almost.</p> <p>16 Q. Is that rare to you?</p> <p>17 MR. STERN: Objection; lack of</p> <p>18 foundation.</p> <p>19 A. Again, I don't know what this is</p> <p>20 quoting, what statistics are used, what's</p> <p>21 being reported here.</p> <p>22 Q. Is that rare to you?</p> <p>23 A. I don't know -- I don't know</p> <p>24 it -- I don't know how to respond to that.</p>
<p style="text-align: right;">Page 343</p> <p>1 At this point in time 2003?</p> <p>2 MR. BUCHANAN: Yeah, 2003, early</p> <p>3 2000s.</p> <p>4 MR. STERN: Lack of foundation.</p> <p>5 A. I have no idea what was going on</p> <p>6 within the four walls of Endo in 2003.</p> <p>7 Q. Okay. Let's look at 34, next in</p> <p>8 order.</p> <p>9 (Campanelli Exhibit 34, e-mail,</p> <p>10 was marked for identification, as of</p> <p>11 this date.)</p> <p>12 BY MR. BUCHANAN:</p> <p>13 Q. This is an e-mail from a Matthew</p> <p>14 Clark to Ms. Kitlinski and others sent on</p> <p>15 I guess it's March of 2004, attaching an</p> <p>16 article Nicholson Drugs 2003.</p> <p>17 Do you see that?</p> <p>18 A. I see it.</p> <p>19 Q. (Reading) Dear all: Article</p> <p>20 mentioned yesterday.</p> <p>21 Do you see that?</p> <p>22 A. I see it.</p> <p>23 Q. Okay. Next page: Responsible</p> <p>24 prescribing of opioids for the management</p>	<p style="text-align: right;">Page 345</p> <p>1 Q. One in five people addicted</p> <p>2 chronic use of non-cancer pain opioids, is</p> <p>3 that rare to you, sir?</p> <p>4 MR. STERN: Objection to the</p> <p>5 form; lack of foundation.</p> <p>6 A. I don't know if that includes</p> <p>7 people that are abusing or misusing or</p> <p>8 people that are using a drug for its</p> <p>9 intended purpose.</p> <p>10 Q. 18.9 percent is not rare, sir.</p> <p>11 We can agree on that?</p> <p>12 MR. STERN: Objection to the</p> <p>13 form; lack of foundation.</p> <p>14 A. I just don't know.</p> <p>15 Q. Okay. Are you familiar with the</p> <p>16 literature, sir, even as of today saying</p> <p>17 the rates of addiction are 8 to 12</p> <p>18 percent?</p> <p>19 MR. STERN: Objection to the</p> <p>20 form; lack of foundation.</p> <p>21 A. I'm not familiar with the</p> <p>22 statistics.</p> <p>23 Q. I'd just like to know, sir, if</p> <p>24 you were aware that the rate of addiction</p>

<p style="text-align: right;">Page 346</p> <p>1 was 8 to 12 percent, would you have  2 endorsed characterizing that risk as rare,  3 sir?  4 MR. STERN: Objection to the  5 form of the question; lack of  6 foundation.  7 A. You're asking me to go back in  8 time back in 2003. I would need to know a  9 lot of information to be able to -- to  10 really respond to that intelligently.  11 Q. Okay. Well, there's no debate,  12 sir, we got a lot of addicted people in  13 this country following the last 15 years  14 of messages like we just looked at, right?  15 MR. STERN: Objection to the  16 form of the question; lack of  17 foundation.  18 A. I will agree that we have too --  19 too much addiction in this country. I do  20 not know if it's tied back to this  21 statement.  22 Q. Let's go to Exhibit 36, please.  23 (Campanelli Exhibit 36,  24 document, was marked for</p>	<p style="text-align: right;">Page 348</p> <p>1 A. Yes.  2 Q. Reported by the CIOMS Working  3 Group.  4 You see that?  5 A. I see it.  6 Q. Geneva 1998?  7 A. I see it.  8 Q. Okay. Quantification of risk.  9 Please go to dot-48.  10 As I said, sir, in your field,  11 the pharmaceutical industry, adverse  12 events are, in fact, characterized by  13 certain terms like "rare" and "common" and  14 "frequent."  15 Right?  16 A. I -- I don't know the answer to  17 that.  18 MR. BUCHANAN: Can you please  19 pull it up, Corey?  20 Q. (Reading) Quantification of  21 risk. Incidence of the reaction.  22 Okay.  23 A. I see that.  24 Q. Okay. I'm going to the middle</p>
<p style="text-align: right;">Page 347</p> <p>1 identification, as of this date.)  2 BY MR. BUCHANAN:  3 Q. Because when you use the term  4 "rare," rare actually does have a meaning  5 in the pharmaceutical industry, right?  6 MR. STERN: Objection to the  7 form of the question.  8 A. I'd have to look at it on a  9 product-by-product basis.  10 Q. You've heard of CIOMS, sir?  11 A. No, I have not.  12 Q. Okay. CIOMS is the Council for  13 International Organizations of Medical  14 Science.  15 Are you aware of that?  16 A. No.  17 Q. Don't know it by the long name  18 or the acronym?  19 A. No.  20 Q. Okay. Exhibit 36, sir, is a  21 document entitled "Benefit-Risk Balance  22 for Marketed Drugs: Evaluating safety  23 signals."  24 You see that, sir?</p>	<p style="text-align: right;">Page 349</p> <p>1 of the paragraph it says: However, risk  2 can often be approximated in terms of  3 magnitudes of 10 as suggested in the CIOMS  4 III report.  5 Do you see that, sir?  6 A. I see it.  7 Q. (Reading) Greater than or equal  8 to 1 percent comon or frequent.  9 You see that?  10 A. I see it.  11 Q. (Reading) Greater than or equal  12 to 1 per 1,000 but less 1 percent uncommon  13 or infrequent.  14 You see that?  15 A. I see it.  16 Q. (Reading) Greater than or equal  17 to 1 per 10,000 but less than 1 per 1,000,  18 that's rare.  19 Right?  20 MR. STERN: Objection; lack of  21 foundation.  22 BY MR. BUCHANAN:  23 Q. Did I read that correctly, sir?  24 A. You read it correctly.</p>



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1 Q. (Reading) Less than 1 per 10,000  
2 very rare.  
3 Right?  
4 MR. STERN: Objection; lack of  
5 foundation.  
6 If you're asking what --  
7 MR. BUCHANAN: I'm asking the  
8 questions I just asked, counsel.  
9 A. I see the words.  
10 Q. Okay. Will you agree we looked  
11 at the report from within the  
12 company's walls from 2004, the 3.2 to 18.9  
13 percent.  
14 Do you recall seeing that just a  
15 moment ago with me, sir?  
16 A. I see the estimates that you've  
17 put back on the screen.  
18 Q. Yes, okay.  
19 Let's now go back to the CIOMS  
20 chart. You tell us where does even the  
21 low end of that range, 3.2 percent, where  
22 does that fall in these categories for  
23 ranking frequency?  
24 A. Can I bring up the other --

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1 bring up the other --  
2 MR. BUCHANAN: Can you pull them  
3 up side-by-side, Corey, so he's got  
4 them both?  
5 BY MR. BUCHANAN:  
6 Q. On the left is the CIOMS  
7 definition of the various frequencies. On  
8 the right is the publication from within  
9 the company's walls of addiction rates.  
10 Okay. So let's use the low end  
11 of the rate from the publication of  
12 addiction rates of 3.2 percent.  
13 What I'll ask you to do, sir, is  
14 looking at 3.2 percent, could you tell the  
15 jury the frequency of that using the terms  
16 that CIOMS says should be used?  
17 A. I don't know on the bottom here  
18 what the number of -- of cases it's  
19 referring to where it says: Estimates of  
20 the addiction rates among patients with  
21 chronic non-cancer range from 3.2 to 18  
22 percent.  
23 Q. 3.2, sir, where does that fall  
24 in the ranges that are provided in CIOMS?

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1 A. It would be -- it would be very  
2 rare.  
3 Q. 3.2?  
4 A. Where am I looking?  
5 Q. 3.2 percent would be common or  
6 frequent.  
7 A. Where am I looking?  
8 Q. You're looking at the top of  
9 your screen, sir.  
10 (Reading) Risk can often be  
11 approximated in terms of the magnitudes of  
12 10 as suggested in the CIOMS II report,  
13 colon.  
14 A. I stand corrected.  
15 Yes, I see it. Common or  
16 frequent.  
17 Q. Right.  
18 Addiction is common.  
19 MR. STERN: Objection to the  
20 form.  
21 BY MR. BUCHANAN:  
22 Q. Addiction is frequent.  
23 MR. STERN: Objection to the  
24 form of the question; lack of

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1 foundation.  
2 BY MR. BUCHANAN:  
3 Q. Those are the terms CIOMS said  
4 should be used to characterize the rates  
5 we're look at in this publication from  
6 2004.  
7 Correct, sir?  
8 MR. STERN: Objection to the  
9 form. Objection to lack of  
10 foundation.  
11 A. As I said, I don't know what the  
12 basis of this 1998 CIOMS document is. I  
13 don't know if it -- if all drugs fall into  
14 the same category. I don't know if this  
15 is an FDA term or is this a -- I don't  
16 know if this is tied to any special  
17 indication of -- of drug.  
18 Q. Okay, sir. Using the CIOMS  
19 definitions, let's just stay with my  
20 question. Using the CIOMS definition, 3.2  
21 percent addiction rate is common or  
22 frequent, correct?  
23 MR. STERN: Objection to the  
24 form; lack of foundation.